SENORITAS: HIV/STD Prevention For Latina College Students

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PROJECT NAME: SENORITAS

- Student
- Education
- Needed in
- Order to
- Reduce
- Infection &
- Transmission of
- AIDS/HIV&
- STDs



SENORITAS Project Co-investigators: College of Nursing: Paula Delpech, RN, MSN, Assoc. Director, Nursing Program, Biscayne Bay Campus; Margaret Hamilton, DNS, RN, Assoc. Director, Undergraduate Nursing Program, University Park Campus; Mary Louise Jorda, MPH, RN, Asst. Professor, Undergraduate Community Health Nursing; Carol "Pat" Patsdaughter, Graduate Faculty, Nurse Educator Tract; *AIDS Prevention Program, School of Public Health*: Robert Malow, PhD;

Funded by Office on Women's Health

 Prevention of HIV/AIDS among Young Women Attending Minority Institutions Program is a national OWH HIV/AIDS/STD prevention education program designed to 1 knowledge, promote prevention & reduce risk of HIV infection among minority women aged 18-25 attending Hispanic Serving Institutions (HSIs)



FIU: No. 1 university in USA for Hispanics !!!

- FIU @ top in its ranking of the Top 100 Colleges for Hispanics (# of Hispanics = graduated with Bachelor's degrees & # graduated with Master's degrees)
- Variety of Hispanic ethnicities: Cuban; Central American (Panama, Honduras, Guatemala); South America (Peru, Colombia, Brazil & Ecuador)

HIV & Latinos

- "The HIV/AIDS epidemic among Latinos is as complicated as Latinos are diverse..."
- USA: AIDS case rate/adult Hispanic females: 12.4 per 100,000 population
- Florida: AIDS case rate/adult Hispanic females: 19.0 per 100,000 population; HIV case rate/adult Hispanic females was 24.0 per 100,000 population

HIV/AIDS Among Hispanics

- Florida: Hispanic women were more than 3 times as likely as white women to be reported with HIV
- Miami-Dade County 2004: An estimated 1 in 193 Hispanics is currently living with HIV

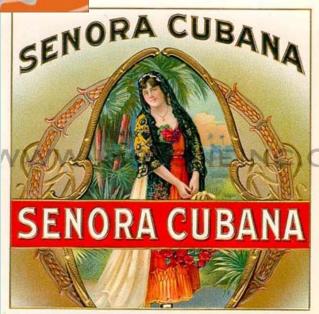
Risk Factors & Barriers to Prevention;

- Women,16–21y, & minorities are increased HIV risk
- HIV prevalence of young women
 50% higher than the young men
- Women at higher HIV sex. trans. **Risk because of** biologic vulner, naïve partners' risk & sex with older men who are more likely to be HIV+



Being La Senorita

 Time between being *la nina* (little girl) & being *la senora* (married woman)

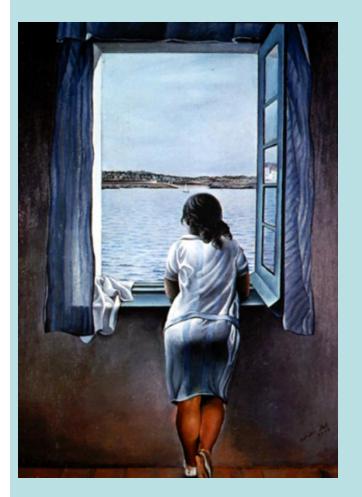


Being La Senorita



- Expected to remain a virgin until marriage
- Male in this same age group expected to be sexually experienced (machismo)
- Female may not condone male's sexual activity, but it is quietly accepted & even expected

Being La Senorita



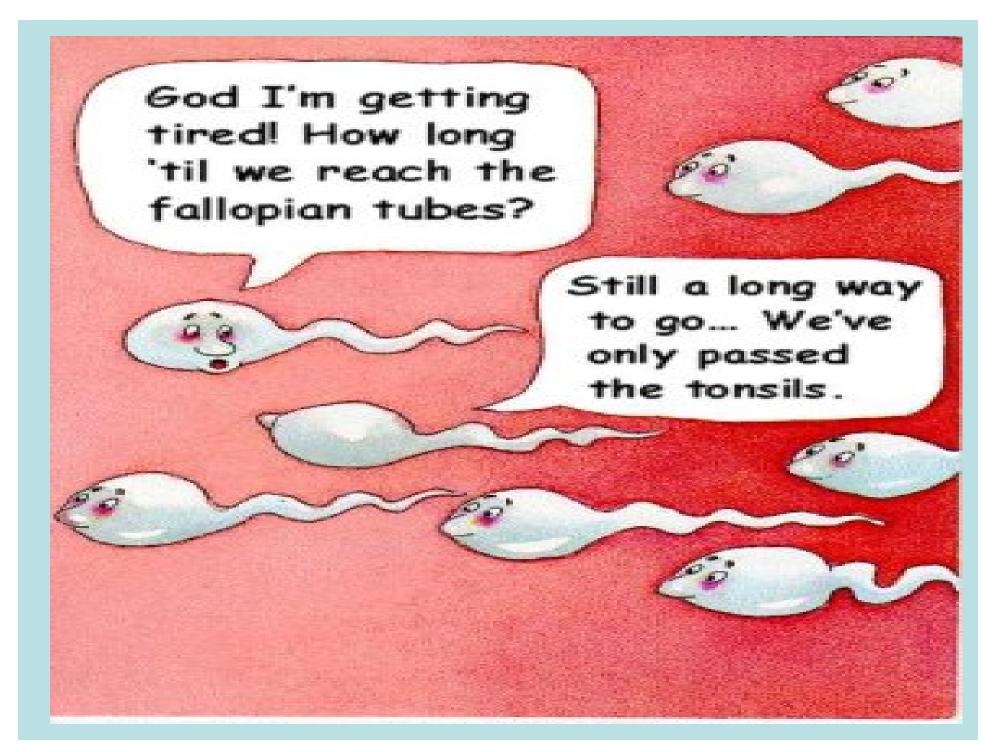
- Dual expectations for La Senorita: Remain a virgin while attracting & keeping a sexually active male to become her husband
- Potentially competing expectations, can lead to unsafe sexual practices, such as anal sex (Remains a technical "virgin" while satisfying male's desire to have sex)

IMPLICATIONS

- NEED: HIV prevention messages aimed at Hisp students with high levels of acculturation living in an urban metro (gender-specific; age-specific; region-specific)
- *Hispanic values* must be integrated into HIV prevention efforts
- *Tailor* prevention messages to meet needs of diverse Hispanic comm. & different subgroups.

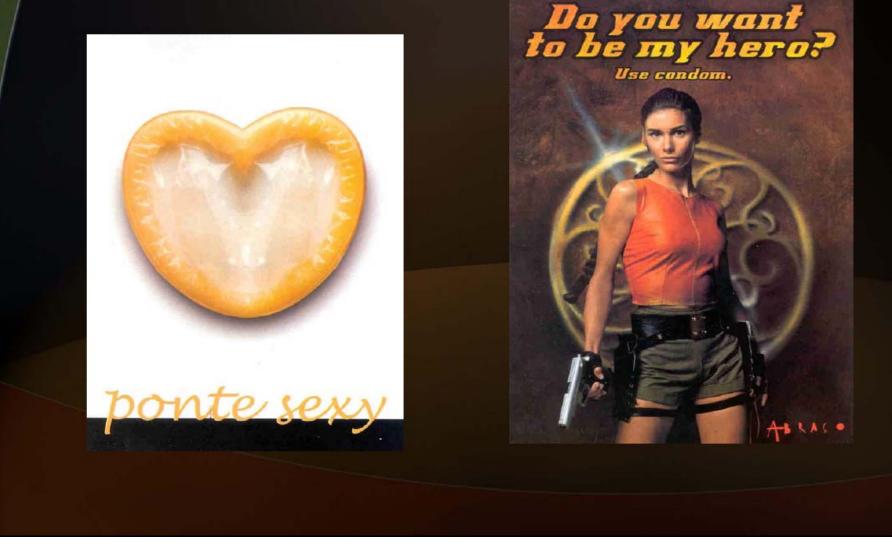
La Senorita-Pilot

- Conducted focus groups with Hispanic nursing students to gather data & get input
- Used data to develop curriculum
- *Piloted* program 2004 with 50 senior nursing students; feedback used to revise curriculum
- Trained 32 students who volunteered to be Peer Educators to teach program to other students; teaching met the students' requirement to conduct a Community Health project to Peer Educators received college credit





Condoms are only one part of the solution



Drugs & Sexual Partner Relaxes me so I can talk to a woman (opiates, sedatives, alcohol)

Disinhibits my partner so she is more open to sexual advances (all)

Increases sex desire of my partners (stimulants, but women rarely report this)

Partner are willing to have sex if I get drugs

Ways Drugs Make It Harder to Obtain a Sexual Partner

Non-drug users are less interested in users, limits the field (all)

I say stupid things to women under the influence of drugs (all, especially sedatives & alcohol)

I speak too slow (all except stimulants), too fast (stimulants and alcohol initially), or slur my words (alcohol, sedatives, opiates)

I don't have any money left for dating activities like movies, dinner (all)

Ways Drugs Impair the Sexual Experience

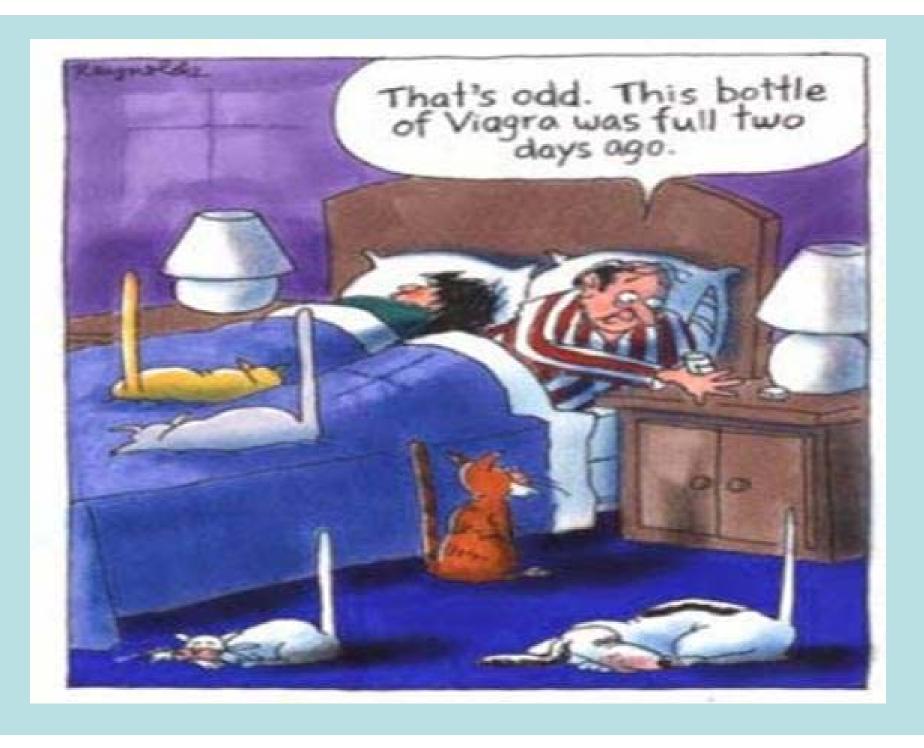
Delays orgasm, makes its difficult to ejaculate (opiates, sedatives, alcohol, stimulants). Sex may become uncomfortable.

Decreases sexual desire (opiates, sedatives).

Erectile dysfunction. Difficulty obtaining or maintaining erections (all).

Crystal Meth Effects

- Euphoria, alertness, well-being,
- confidence, particularly in sex area
- sexual enhancement (despite transient impotence in many users) +/= Viagra



Psychiatric Effects/Crystal Meth

- At higher doses: hypomania, grandiosity,
- Extreme insomnia, irritability,
- 24-72+hrs without sleep,
- Appetite suppression, weight loss, skin picking
- ~10% : <u>frank psychosis</u>,
- Identical to paranoid schizophrenia
- Violent behavior (physical and sexual)
- Nordahl et al <u>J Neuropsychiatry & Clinical Neuroscience</u> 15:3 317-324

Websites for HIV/Club Drugs

- www.nida.gov
- (National Institute for Drug Abuse)
- www.erowid.org
- (pro-drug website w/ pictures)
- www.hiv-druginteractions.org
- (drug/herb/club-drug interaction charts)

Ways Drugs Improve Sex

Delays orgasm, increases staying power (opiates, sedatives, alcohol, stimulants).

Increases sexual desire (stimulants, pot) & sexual sensation, intensifies the orgasm

Disinhibition in self and partner, increased willingness to be sexually adventurous (all)

Firmer erections (stimulants)

Campus HIV Prevention Strategies²

- **Student Leadership**; Train student leaders to promote the prevention of HIV among other students
- **Prevention Programs;** Adopt effective or model prevention techniques into the credit curriculum; noncredit courses, programs, and services; co-curricular programs; and other education reform initiatives.
- Attending to Priority Populations; Direct culturally appropriate health messages, resources, and services to students who engage in high-risk behaviors;

Pilot Program Results

- End of 2004: 285 college-age students had attended the program
- 52 Senior nursing students;
- 32 choose to be Peer Educators & taught:
- 68 Junior nursing students, who will go on to become Peer Educators in 2005

KEY THEMES

- 1. . I discuss TOUGH safe sex issues with my partner.
- – 2. I am CONFIDENT in my ability to tell my partners to use protection.
- – 3. I was HONEST with my partner about my STI and they love me for it.
- 4. My partner and I think of CREATIVE ways to make safer sex fun..
- 5. Sex is HAPPNEING so its important that kids know how to protect themselves.

PILOT RESULTS

- Sample: 120 college students
- Pre-program to end of session, Significant increase in mean knowledge scores pre- to post-program knowledge (18.26 to 20.53) (t = 2.346, df = 119, p = 0.01)
- Follow-up surveys mailed 8 weeks later, 49 students returned the followup survey (40% response rate)

PILOT RESULTS

- Still significant increase in pre- to follow-up knowledge (*t*=2.346, *df* = 48, *p* = 0.023); ALSO Significant increase in pre- to post group mean scores for subjective norms (28.22 to 31.89) (*t* = 2.048, *df* = 48, p = 0.05)
- Significance increase in pre- to post followup for more positive attitudes toward abstinence (18.53 to 19.91) (t = 2.392, df = 48, p = 0.02)
- Non-significant increase in more positive attitudes toward condom use & in behavioral intentions

SENORITAS

- August 2006 2007: Total of 328 students involved in SENORITAS
- 27 Peer Educators
- Taught 301 other students
- Results: Non-significant increase in knowledge & more positive attitudes towards condoms & abstinence
- Peer Educators: Significant increase in self-reported comfort levels in teaching HIV Prevention (from 7.0 to 9.56) (t = 6.305, df = 31, p = 0.01)